

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			5399
O.I.P.E. CLASSIFIER			5-5-40
FORMALITY REVIEW	HF	70556	5-13-49
	HF	70556	4-3-49

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	05 24 01
2	✓	✓	10 04 01
3	✓	✓	02 24 02
4	✓	✓	07 14 02
5	✓	✓	12 04 02
6	✓	✓	04 14 03
7	✓	✓	07 05 03
8	✓	✓	01 24 03
9	✓	✓	05 04 03
10	✓	✓	08 04 03
11	✓	✓	11 04 03
12	✓	✓	14 04 03
13	✓	✓	17 04 03
14	✓	✓	20 04 03
15	✓	✓	23 04 03
16	✓	✓	26 04 03
17	✓	✓	29 04 03
18	✓	✓	02 05 04
19	✓	✓	05 05 04
20	✓	✓	08 05 04
21	✓	✓	11 05 04
22	✓	✓	14 05 04
23	✓	✓	17 05 04
24	✓	✓	20 05 04
25	✓	✓	23 05 04
26	✓	✓	26 05 04
27	✓	✓	29 05 04
28	✓	✓	01 06 05
29	✓	✓	04 06 05
30	✓	✓	07 06 05
31	✓	✓	10 06 05
32	✓	✓	13 06 05
33	✓	✓	16 06 05
34	✓	✓	19 06 05
35	✓	✓	22 06 05
36	✓	✓	25 06 05
37	✓	✓	28 06 05
38	✓	✓	01 07 06
39	✓	✓	04 07 06
40	✓	✓	07 07 06
41	✓	✓	10 07 06
42	✓	✓	13 07 06
43	✓	✓	16 07 06
44	✓	✓	19 07 06
45	✓	✓	22 07 06
46	✓	✓	25 07 06
47	✓	✓	28 07 06

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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